



Docket No. 3620-4014

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Hiroshi Kajiyama et al.

Group Art Unit: 1771

Serial No.: 10/018,732

Examiner: Jenna-Leigh Befumo

Filed: December 18, 2001

For: POLYLACTIC ACID RESIN, TEXTILE PRODUCTS OBTAINED THEREFROM
AND PROCESSES FOR PRODUCING TEXTILE PRODUCTS

EXPRESS MAIL CERTIFICATE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Express Mail Label No.: EV 357 796 324US

Date of Deposit: May 7, 2004

I hereby certify that the following attached paper(s) and/or fee

1. Amendment and Response to Restriction Requirement Pursuant to 37 C.F.R. § 1.121;
2. Amendment Fee Transmittal;
3. Second Request for Corrected Filing Receipt;
4. Copy of Filing Receipt;
5. Copies of Express Mail Certificate, Application Fee Transmittal and Postcard stamped by USPTO;
6. Return postcard

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and is addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

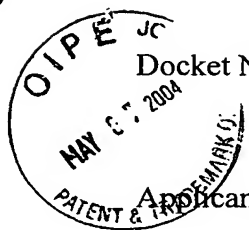
Susan Shen-Frattura

(Typed or printed name of person mailing papers(s) and/or fee)

(Signature of person mailing paper(s) and/or fee)

Correspondence Address:

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New York, NY 10154-0053
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Docket No. 3620-4014

27123
↑CUSTOMER NUMBER↑

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AMENDMENT FEE TRANSMITTAL

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

☒ No additional fee is required.

☐ The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest No. Covered by Previous Payments	Extra	Rate	Additional Fee
Total Claims*	75- 20 =	75	0	\$18.00/ \$9.00	\$ 0
Independent Claims	19- 3 =	19	0	\$86.00/ \$43.00	\$ 0
Multiple Dependent Claims	(If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$290.00 to additional fee (\$145.00 for small entity).				\$
TOTAL					\$ 0

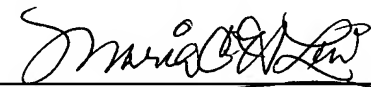
*Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. §1.75(c).

- ☐ Small entity status is or has been claimed.
Reduced Fees Under 37 C.F.R. §1.9(f) paid herewith \$ _____
- ☐ _____ Pages Sequence Listing
- ☐ _____ Computer disk(s) containing substitute Sequence Listing
- ☐ Statement under 37 C.F.R. §1.825(b) that the computer and paper copies of the substitute Sequence Listing are the same.
- ☐ A check in the amount of \$ _____ to cover the filing fee is attached.
- ☐ Charge fee to Deposit Account No. 13-4500, Order No. _____. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for filing this amendment, including all fees pursuant to 37 CFR §1.17 for its timely consideration, or credit any overpayment to Deposit Account No. 13-4500, Order No. 3620-4014. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

Respectfully submitted,
MORGAN & FINNEGAN, L.L.P.

Dated: May 7, 2004

By: _____


Maria C.H. Lin
Registration No. 29,323

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